PS Form 3811, February 2004

Bouno	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also comple item 4 if Restricted Delivery is desired. Print your name and address on the reve so that we can return the card to you. Attach this card to the back of the mailpi or on the front if space permits. 	erse Agent Addressee Addressee Regelived by (Printed Name) C. Date of Delivery
1 11 [11]	lelivery address below:
hillidhilliandhillidhil	₽
Nurse Wormley Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017	ty
CIIO, AL 30017	☐ Certified Mail ☐ Express Mail
	Registered Return Receipt for Merchandise
2:01000 Elly 24. 26. aland	
2:06 Cy511-WW (Cmp and	
(Transfer from service label)	005 1160 0001 2962 4424
PS Form 3811, February 2004 Do	Domestic Return Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mainor on the front if space permits.	Agent Agent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee Green delivery address below: No
Easterling Correctional Facility 200 Wallace Drive	
Clio, AL 36017	
	Certified Mail
	Ho Out ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	7005 1160 0001 2962 4417
(Transfer from service label)	Demostic Return Receipt 102595-02-Ns1540

Domestic Return Receipt